

Royal College of Dental Surgeons of Ontario
ENTRY TO PRACTICE REGISTRATION REVIEW

As requested by the OFC we have performed an “Entry-to-Practice Review” according to the scope outlined in their correspondence dated June 2010.

The registration requirements of the Royal College of Dental Surgeons of Ontario can include a combination of graduation from an accredited undergraduate dental program, a bridging program, various didactic and clinical assessments and examinations. The Office of the Fairness Commissioner has requested **A) *an analysis of the necessity and relevance of the requirements for practical training and or work experience, including any practicum, mentorship, internship or residency.***

This College does not require work experience but our bridging programs could be defined as a practicum or internship. Given that this report will be a public document and not every reader will approach it with the same level of knowledge we felt that a fuller description of our methodologies was required. In our response, therefore, we have possibly gone beyond the strict parameters of the question posed but do so in order to present a balanced, transparent and clear description of how our major determinants were made.

Background

The profession of dentistry in Canada benefits from a national approach to registration and many shared policy decisions. The provincial dental regulators formed the Canadian Dental Regulatory Authorities Federation (“CDRAF”) in 2004 to strengthen this commitment. The mandate of the Federation “is to provide leadership and a responsive infrastructure and forum where dental regulatory authorities in Canada can anticipate and respond, in effective and efficient ways, to current regulatory challenges on interprovincial, territorial, national and global levels.” The CDRAF Executive meets several times a year and the full Board twice a year or more often if necessary so that issues, matters of concern or legislated changes are addressed as quickly as possible.

This College and the other provincial dental regulatory authorities agree that dental programs, whether undergraduate, graduate or the bridging programs (also called qualifying or degree completion programs) in Canada and the United States need to be grounded in a mutually recognized system of accreditation. The Commission on Dental Accreditation of Canada (CDAC) works in collaboration

with its equivalent at the American Dental Association, the American Commission on Dental Accreditation (CODA). The CDAC and CODA conduct structured, on-site visits following receipt of submissions presenting detailed information in the CDAC/CODA required format. Programs and services meeting or exceeding the CDAC/CODA requirements are granted accredited status.

For Canada, the starting point within accreditation is the CDAC's development, approval and ongoing revision of accreditation requirements. Educational programs and dental services are invited to apply for review against current requirements. Programs applying submit detailed documentation outlining evidence addressing their compliance with accreditation requirements. A site visit is then arranged and an accreditation survey team conducts interviews with faculty and students to secure additional information.

The accreditation survey team is comprised of educators in the specific discipline, a representative of the regulatory authority and a representative of the certification organization (if applicable). The survey team includes representatives from both CDAC and CODA thus assuring that the same outcome measurements are being used and accreditation standards are met throughout Canada and the United States. This process clarifies issues arising from the submission and generally verifies that the documentation reflects the program or service. The survey team then submits a report to the CDAC for review at its annual meeting. The CDAC then determines the eligibility of the program or service for accreditation.

Much of the accreditation process utilizes standards and criteria that have been determined by the National Dental Examining Board of Canada (“NDEB”). Specifically, it is the body vested by an Act of Parliament as being responsible for the establishment of qualifying conditions for a national standard of dental competence for general practitioners, for establishing and maintaining an examination facility to test for the national standard of dental competence and for issuing certificates to dentists who successfully meet this national standard. The NDEB through on-going in-depth investigation and analysis established the nationally accepted record of “Competencies for a Beginning Dental Practitioner in Canada”. The two accreditation Commissions review educational programs utilizing agreed upon criteria including this list of competencies.

The referenced competencies are also used to establish curriculums for the four-year undergraduate programs and bridging/qualifying programs, to create examination blueprints and accreditation standards for both Canada and the United States. We’re proud to state that they have been used both nationally and

internationally to establish processes not only in dentistry but in other professions as well. In short, they define the methods and mechanisms to be used to evaluate the competence of candidates. The four year dental programs, bridging programs and national examination assure that these competencies are being met by all practitioners whether Canadian or internationally trained. The NDEB conducts a psychometric analysis after each examination to ensure that its standards are current, accurate and reliable.

Examinations

After completion of a recognized dental program or assessment candidates then complete a national examination. The College utilizes two national examiners, one for general practitioners and one for specialists. Examination development works in tandem with the accredited dental programs. Their content is based on knowing what curriculum was taught and what the competencies need to be. Without this context no examination on its own can effectively test the entire scope of practice of dentistry, general or specialty. The two processes combined fulfill our mandate of public protection and provides the necessary comfort level that successful candidates are competent to practice. All candidates regardless of whether the training was domestic or international must complete the national examination and outcomes prove the necessity for this final safety net.

As reviewed at the beginning of this section, the National Dental Examining Board of Canada is responsible for administering the examination for general dentistry, which is the category of the vast majority of practicing dentists. In a similar protocol, the Royal College of Dentists of Canada (“RCDC”) was vested by an Act of Parliament in 1965 to: (a) promote high standards of specialization in the dental profession; (b) set up qualifications for and provide for the recognition and designation of properly trained dental specialists; (c) encourage the establishment of training programs in the dental specialties in Canadian schools.

The NDEB regularly reports to the national federation, the CDRAF and to this College on its progress as an international expert and consultant in the field of examinations and competencies, on the results of its examinations and psychometric evaluations and publishes a Technical Manual which provides detailed validity and reliability analysis for the NDEB examinations.

The RCDC similarly reports to the national federation and any Dental Regulator upon request. Its examinations also undergo a strict validation and approval protocol including blueprint development and psychometric analysis.

International Dental Programs

As mentioned, work experience is not a requirement for registration with the College. Everyone, however, is required to be assessed and depending on the candidate's qualifications it may be necessary for him/her to complete a bridging program or internship/residency in the case of specialists. Our position is that these assessments, upgrading programs and examinations are necessary and relevant on several levels. The OFC defines "necessary" as meaning:

essential, needed or vitally important. A registration requirement is necessary when, without it, a regulatory body could not be satisfied that an applicant can practise the profession competently and safely at an entry level. Special requirements for internationally trained are necessary when they are clearly justifiable.

It is a certainty that dental programs around the world vary dramatically in scope and quality. Recognizing that the point of registration or licensure is the major safeguard in public protection, the approach to registration must be the *precautionary principle*. In some legal systems the application of the precautionary principle has been made a statutory requirement. It's also important to recognize that qualifications encompass not just where training occurred but what the individual's knowledge, skill and judgement, in short competency, is. Individual competencies vary dramatically even within the same program given in the same year and therefore the approach to competency assessment must be multifactorial.

The precautionary principle states that if an action or policy has the risk of causing harm to the public then precautionary measures must be taken even in the absence of scientific data or empirical evidence that the action or policy is harmful. The medical model states it simply – "first do no harm." Not only is there a social responsibility but it is the legislated mandate of a regulatory body to protect the public from exposure to harm. The approach of requiring assessments, bridging programs and examinations is therefore absolutely necessary and justified because the risk of not doing so may lead to an outcome too adverse to contemplate. The burden of proof of competency must lie with the applicant.

Perspective

In 2010, the NDEB performed credential verification (not credential assessment) of documents for over 1100 applicants. While detection of fraudulent documentation was done successfully it was absolutely impossible to distinguish

any differences between programs based on a paper review. Paper reviews may work for some professions but not, in our view, in a health profession like dentistry. No organization has the ability to determine equivalency to a graduate of an accredited dental program based solely on a paper review of transcripts, course outlines and the like. Paper reviews are not capable of performing or obtaining the kind of information that dentistry's accreditation system performs. Paper does not reveal the minimum admission requirements that a school utilized, the number of full-time faculty with dental degrees or the faculties qualifications, the hours of treating patients in a university based clinic (or whether it is University based or just an apprenticeship type situation at a local doctor's office or less) or, and this is often a problem, the legitimate differences between educational levels, for example, some country's high school diplomas are equivalent to Canada's grade 9 or 10. These are but small examples of what goes into a much larger and necessary accreditation review. This doesn't even touch upon the necessity for clinical evaluation which of course a paper based system can not address. A paper review provides no relationship to equivalency relative to standards but simply produces a conclusion based on a comparison of years of study. Such assumptions are not valid and in fact are dangerous and therefore the additional safeguards of assessments, bridging programs and examinations are necessary.

Having said this, there is not a total lack of information about international dental programs and it's important to note that the profession has been pro-active where it could. Concomitant to the stated cautionary approach, dentistry has worked extremely hard to both understand the global environment and to assist other jurisdictions who show interest in forging alliances. Through attendance at international conferences, invited visits, and invited consultations, the Commission on Dental Accreditation of Canada, this College, and the National Dental Examining Board of Canada attempt to identify jurisdictions where dental training may be equivalent or may be able to become equivalent.

It has also been possible to identify jurisdictions where the dental education process is so different that there is no comparability. For example, in some jurisdictions there are undergraduate dental programs where students have very limited or possibly no clinical experience in Prosthodontics or Orthodontics. There are countries where dental programs do not require their students to have any clinical experience at all and students never treated a patient during their program. In some countries dental programs are given by affiliated colleges without any proper form of University oversight. Sometimes the only evaluation done by the University that grants the dental degree is a final oral examination which does not involve any patient care and no oversight by the University respecting any clinical

experience that may have been obtained during a program. There are even cases where there's no University affiliation and the training takes place at a community college or in private offices. We've seen 6 year "dental programs" that are essentially hygiene courses. Due to this extreme variation and sheer number of international dental programs it is impossible to consider assessing individual programs unless specifically invited to do so.

Current Methodologies

As described above, the RCDSO and CDRAF through the NDEB and the CDAC are in contact with international dental regulatory authorities and regularly attend international conferences and workshops on education and registration, make invited presentations, and provide consultation to international regulatory boards. Through these consultations, the RCDSO, NDEB Board, and CDAC have been able to confirm the status of many international dental programs and accreditation processes or lack of these processes. At the same time, our Universities have numerous years of experience teaching and evaluating international graduates enrolled in bridging programs. The Universities have reported that with very few exceptions, the majority of participants required significant upgrading to reach acceptable standards.

As outlined, much work has been done on the international stage and dentistry in Canada continues to reach out and lend assistance to those institutions that are interested. It is also a reality, however, that many jurisdictions choose not to seek out what some consider to be foreign interference and are not inclined to accept perceived criticism or investigation of their programs. Furthermore, the accreditation process is an expensive one that international jurisdictions often have no interest in and one our government is not prepared to financially support.

For these reasons and all the others described throughout this report, the RCDSO and the Canadian dental regulators determined that a consistent, valid, fair and unified approach was needed. The CDRAF signed a national Mutual Recognition Agreement ("MRA") which was updated and re-worked in 2009 at the request of the Federal and Provincial Governments as part of the Agreement on Internal Trade. Accordingly, there are now four methods used to determine whether a graduate of an international dental program can be considered equivalent to a graduate of a dental program approved by the Commission on Dental Accreditation of Canada (CDAC).

The first method is to determine whether the program completed outside of Canada is approved in that jurisdiction by a valid and defensible accreditation process that

has been determined to be equivalent to the CDAC accreditation process. As a result of having been deemed equivalent, a bilateral reciprocal recognition agreement between the CDAC and the organization responsible for accreditation of dental programs in the jurisdiction will be made. One example of this is the reciprocal agreement that has existed for some time with the United States equivalent of the CDAC, the American *Commission on Dental Accreditation (CODA)*, mentioned at the beginning of this report.

As requested by the provincial DRA's and the National Dental Examining Board, over the past five years the CDAC has contacted numerous international dental regulatory authorities to inquire if an accreditation process similar to the CDAC process exists in their jurisdiction. In 2010, as a result of these contacts, a reciprocal agreement was implemented with the Australian Dental Council. Negotiations are currently underway to establish a reciprocal agreement with New Zealand. Preliminary discussions have been held with Hong Kong and the United Kingdom. Assistance with the development and implementation of an accreditation process is being provided to Korea.

The second method of assessing programs completed outside of Canada is a similar process to the one described above but originating out of the United States through CODA. CODA has established its own accreditation procedure for international dental programs that can be initiated at the request of the international dental program and with associated costs covered by the dental program. This process accredits international dental programs using the U.S. standards as the basis for the approval. With the Canadian/American reciprocal agreement in place, the NDEB (and therefore the RCDSO) will recognize graduates of international programs approved by CODA as graduates of approved programs.

Graduates of undergraduate dental programs approved under these reciprocal agreements are considered equivalent to graduates approved by the CDAC and are therefore eligible to take the national NDEB certification examination.

The third method for determining whether a graduate of an international undergraduate dental program is equivalent to a graduate of an approved program is for the candidate to complete a bridging program also known as a Qualifying or Degree Completion Program. There are over 70 Universities throughout Canada and the United States where these programs are available.

In 2010 the NDEB began processing applications for the fourth method used to determine whether a candidate satisfies the requirements for registration. All graduates of international, non-accredited dental programs are eligible to

participate in the new “NDEB Equivalency Process”. An individual who successfully completes this four day assessment will be considered equivalent to a graduate of an undergraduate dental program approved by the CDAC and therefore eligible to take the NDEB certification examination. Individuals who are not successful in the NDEB Equivalency Process are still eligible to apply for admission to a bridging/qualifying program using the Equivalency Process results as the admission test with no other admission tests required.

These methodologies are not only necessary but given the breadth and various options that are available to candidates to prove competency they also represent a reasoned, logical, relevant and fair approach to dental registration/licensure in Canada.

B) An analysis of the efficiency and timeliness of decision-making, including decisions related to assessment, registration and appeals.

As explained at the beginning of this report, the RCDSO does not perform assessments or administer bridging programs; the initial assessments for general dentistry (99% of applicants) are performed by the National Dental Examining Board of Canada. The NDEB’s application deadline is the middle of September each year. All applications and registrations are done using an online system.

The applications for the NDEB Equivalency Process, including verification of documents, are reviewed and determined within four weeks of receipt. Given the volume of applications and the complex steps involved in documentation verification, we consider this to be an impressively efficient and quick turn-around timeframe. Once the applicant’s documents are complete and verified, they may register for an assessment. Results of assessments are provided no later than six weeks after the assessment. Providing the three assessments are taken and passed in a timely manner, the process takes approximately nine months. One of the assessment stages is clinical and involves utilizing the clinic floors/facilities of various Universities across the country. Due to the organization required to achieve this and taking into account the limited availability of University facilities (they must also accommodate their own students first) these timelines are again impressive in their speed. There is an appeals process for all steps. Candidates have 3 months to file a written appeal and can also make oral submissions.

After an application has been made to the RCDSO, “decisions” are made at various levels and can include requests for further information or documentation after the initial review of the application. An efficient system of application reviews begins with the date stamping of all applications upon receipt. A physical file is created

and the material is entered into both a manual tracking checklist and a system based case tracking tool. Applications are processed in turn according to the date received. Every action is entered into the system so that upon request, whether internal or from the applicant, we can respond to enquiries as to the status of an application. There is a "bring forward" tool and another that records the expected outcome date or required response date on an action and the system will alert us.

There are different sections of the Registration Department that administer the different aspects of the department, e.g. member registration, health profession corporation registration, sedation permit registration and so on. Nevertheless, all registration staff receives cross training so that if necessary, during sickness, vacation or peak periods, staff can quickly be reassigned to ensure deadlines are efficiently and accurately met. Staffing needs are formally reviewed annually as well as throughout the year as necessary – additional temporary staff are hired, for example during peak periods.

Application reviews are performed in a very timely fashion, often within 2 weeks or less of receipt. A final decision on whether to register the applicant will similarly take place within 2 weeks or less once the application is fully complete with all supporting documentation.

If there is a decision to refuse an applicant or to refer an application to the Registration Committee then our governing statute, the Regulated Health Professions Act, stipulates that the applicant must have 30 days to make submissions to the Committee. The Committee may make a decision the day of the meeting, in which case that decision will be given to the applicant within 1 week or less. The Committee may also, however, determine that it requires further information before making a decision. The panel meets approximately every two to three months or as necessary. The time required to obtain the requested additional information is beyond our control and varies from case to case and what has been requested. The nature of additional information can vary from writing to a foreign jurisdiction, waiting for a disciplinary hearing to conclude in another jurisdiction, obtaining an expert opinion or arranging for a health assessment and report or for a clinical assessment if competency is in question.

C) An analysis of the reasonableness of the fees charged by the regulated profession in respect of registrations. In the analysis it is advisable to include fees charged by third-party assessment agencies as they also impact access to the profession.

There are over 70 Universities throughout Canada and the United States that offer bridging/qualifying programs. Universities are highly independent institutions that by right and law control their own fees and which we have no control over. There is no evidence or reason, however, to suspect that the fees being charged are inappropriate or out of line. In fact, many dental programs are under serious threat of financial collapse. Media headlines abound with references to the increasing cost of education and escalating tuitions. Dentistry is not insulated from these economic realities and the schools charge what they must. In addition, all students are free to take advantage of/apply for student/bank loans, bursaries, honourariums and so forth.

Respecting the NDEB, the fees for the NDEB Equivalency Process are established by the Board on a cost recovery basis and because it is a national process they are significantly lower than what an individual province could offer. The fact that the NDEB received over 1100 applicants for the 2011 session is evidence that the fees are not a barrier. Due to the fact that candidates also only pay per stage and not for the entire process upfront prevents undue expense and is very fair. In particular, the application fee of \$500 and the \$600 fee for the Assessment of Fundamental Knowledge section are very cost effective and can determine whether a candidate has any probability of succeeding with the more in depth and expensive clinical assessments.

The final stage for every applicant (regardless of the origin of their training) is the national NDEB examination which again is based on a cost recovery basis and quite reasonable at \$2,000.00 total (again charged in stages).

The RCDSO's fees are similarly based on a cost recovery formula of what is required to support the College's functions and procedures as dictated by legislation, the Regulated Health Professions Act. Ontario's membership fee is quite possibly the most fair and generous amongst all the health professions in Canada given the fact that every member is automatically provided with malpractice insurance as part of their registration. Other jurisdictions require their members to purchase malpractice insurance independently and then provide the governing authority with proof of coverage. In dentistry the cost of independent coverage ranges across Canada and the United States anywhere from \$2,000.00 to \$20,000.00. Ontario's membership fee is only \$1,760.00 with the insurance coverage.